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## CONTENTS.

CLINICS.		Foreign Intelligence.—Diabetes Mellitus		30
Statistical Report of the Principal Operations performed in the London Hospitals during the month of September, 1855		Bright's Disease of the Kidneys		30
		Painful Stumps after Amputations		30
		Varicose Veins		31
		Erysipelas on Hydrophobia		31
MEDICAL NEWS.		Opening of the Session of the Academy of Medicine of Paris		31
Domestic Intelligence.—Lard as an Antidote to Strychnia		Appointment of M. Bernard to the chair vacant by the death of M. Magendie		32
Death from Chloroform		Dr. Marshall Hall		32
Ovaria in Ovo		New Surgeon Extraordinary to the Queen		32
Philadelphia County Medical Society		Medical Students		32
Northern Medical Association		The Winter in England		32
Philadelphia Hospital for Diseases of the Chest		Obituary Record		32
Obituary Record				30

## BROWN ON SURGICAL DISEASES OF WOMEN, SIXTEEN PAGES.

### CLINICS.

*Statistics of the Principal Operations performed in the London Hospitals during the month of September, 1855.*

*Lithotomy.*—Number of cases, 9; recovered, 7; under treatment, 1; died, 1.

*Case 1.* A delicate boy, aged 3, under the care of Mr. Cock, in Guy's Hospital, having had symptoms of stone for about three months. A soft calculus, about the size of a nutmeg, and which broke down in removal, was extracted. Recovered quickly.

*Case 2.* A man, aged 25, under the care of Mr. Statham, in University College Hospital. He was in good health, but had suffered from stone for six or seven years. A lithic acid stone, the size of a pigeon's egg, and coated with phosphates, was removed. Doing well.

*Case 3.* A healthy boy, aged 8, under the care of Mr. Birkett, in Guy's Hospital. A large and very rough oxalate of lime calculus was removed. Recovered well.

*Case 4.* A boy, aged 3, in fair health, under the care of Mr. Spencer Smith, in

St. Mary's Hospital. His symptoms had been severe only for three weeks, but had existed slightly for a year previously. A lithic acid stone, the size of a chestnut, was removed. Recovered. *Case 5.* A boy, aged 5, was admitted into St. Bartholomew's Hospital, with all the symptoms of stone in the bladder. On introducing the sound, a hard substance was detected in the membranous urethra, beyond which, however, by a little manipulation, the instrument might be passed. The day after admission, retention of urine occurred for the first time, and was easily relieved by the catheter. On the following day, however, it again occurred, and Mr. Paget now determined to cut down on what was believed to be the impacted stone. The usual incision having been made, a calculus the size of a small horse-bean was removed from the urethra, just anterior to the bladder. The lad recovered well. *Case 6.* A man, aged 52, under the care of Mr. Hawkins, in St. George's Hospital, on account of stone in the bladder, previous to the symptoms of which he had

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suffered from stricture. The usual operation was performed, and three stones removed, all of them incrustations of phosphates around some harder nucleus. A large portion of broken bogie, covered with phosphatic deposit, was also taken away. The man recovered well. *Case 7.* A healthy boy, aged 5, under the care of Mr. Tatum, in St. George's Hospital. A small lithic acid stone, incrustated with phosphates, was removed. Recovered. *Case 8.* A healthy boy, aged 4, under the care of Mr. Pollock, in St. George's Hospital. A small stone, consisting of lithates, was removed. Recovered. *Case 9.* A man, aged 37, under the care of Mr. Hawkins, in St. George's Hospital. He was much out of health, and the subject of diabetes insipidus. A large, friable, phosphatic concretion was removed, piecemeal, and a mulberry-stone of considerable size, which had probably formed the nucleus. The man sank after the operation, and the autopsy showed extensive disease of the kidneys.

*Trephining of the Skull.*—The case left under treatment by last month's report, has ended in recovery.

*Case 1.* A man, aged 32, of intemperate habits, under the care of Mr. Cutler, in St. George's Hospital. Three weeks before the operation, he had suffered a scalp wound, which had been neglected, and now resulted in abscess (Pott's puffy tumour). The diagnosis of pus between the dura mater and bone having been formed, the trephine was used. Matter was found occupying the position expected, and also infiltrated into the diploë of the bone. A second abscess having formed beneath the pericranium, on the same side of the head, at a different spot, the trephine was also applied there. This was three days after the first operation. No matter was found beneath the bone. Death occurred ten days after the first operation, and at the autopsy, a large collection of matter was found between the visceral arachnoid and brain. *Case 2.* An adult man, of unknown age, was admitted, under Mr. Prescott Hewett's care, into St. George's Hospital, with a severe compound and comminuted fracture of the parietal bone. A large portion of loose bone was removed by the elevator, and in it was seen the groove of the middle meningeal artery, which had been lacerated. The man died. *Case 3.* A man, aged 28, admitted into St. Bartholomew's Hospital, under the care of

Mr. Stanley, having fallen on his head, from a height of twenty feet. At first, the symptoms were those of concussion only, but, soon afterwards, they passed into those of compression. The head having been shaved, no irregularity of the bone could be detected; but there was a large, puffy swelling over the anterior inferior angle of the right parietal bone. Mr. Stanley cut down over this part, and trephined. The outer surface of the dura mater, when exposed, bulged into the wound, and became very tense, and a puncture, with a narrow scalpel, was accordingly made. A large quantity of dark fluid blood flowed from this opening, but its escape in no degree benefited the man's condition. He sank and died about six hours after the operation.

*Ligature of Arteries.*—*Case 1.* A man, aged 26, under care in the London Hospital, had had his right thigh amputated on account of compound fracture. He was doing well in every respect, when suddenly, six weeks after the operation, most profuse arterial hemorrhage from the stump took place. Mr. Ward was called to him, and finding him in extreme collapse, pulseless, and cold, determined to at once put a ligature on the femoral, high up. He preferred this operation to attempting to tie the vessel in the stump, from the belief that the latter procedure would involve some loss of blood, which it was evident the man could not bear. On the operating table another bleeding occurred, the blood flowing from an unhealed sinus in the inner part of the stump. The ligature was placed on the common femoral just below Poupart's ligament. The man rallied, and progressed without drawback afterwards. The ligature came away on the sixteenth day, and he may now be considered well. *Case 2.* A woman, aged 21, admitted into St. Bartholomew's, having divided her radial artery on a piece of glass. Mr. Jowers (House-Surgeon) placed a ligature on its proximal end, which alone bled. No further hemorrhage occurred, and the wound healed well. *Case 3.* A young woman was admitted into St. Bartholomew's, having thrust her hand through a pane of glass, and divided the ulnar artery and nerve and the flexor carpi ulnaris. Mr. Jowers enlarged the wound, and tied both ends of the vessel. Recovery, with some loss of sensation, followed.

*Herniotomy.*—Number of cases, 10; recovered, 6; under treatment, 2; died, 2.

Mr. Cock's patient, in *Case 4* of last month's report, has since left the Hospital well. The artificial anus had closed.

*Case 1.* A man, aged 62, was admitted into St. Bartholomew's Hospital, under the care of Mr. Lloyd, on account of a large scrotal hernia on the right side. He was cold, and in such extreme collapse, that the propriety of attempting an operation was doubted. Strangulation had existed three days; there had been stercoraceous vomiting and extreme pain. Mr. Lloyd attempted the taxis, and succeeded in considerably diminishing the size of the tumour. The reduction not being satisfactory, however, an operation was performed, and the sac opened. In the sac was found a large coil of large intestine, containing indurated feces. The intestine being adherent, could be only very partially reduced; its contents were, however, squeezed out. The stricture did not require division, as it readily admitted two fingers. Brandy and beef tea were afterwards given. The man rallied, and recovered without a bad symptom. It is probable that the portion of bowel involved was not far from the rectum, as all attempts to administer enemata failed, and when the finger was passed up the bowel, it was felt to turn sharply away towards the right side. *Case 2.* A woman, aged 63, under the care of Mr. Gowland, in the London Hospital. Hernia femoral; strangulated four days; symptoms severe. The sac was not opened. Opium treatment for four days, then a dose of castor oil. Recovery. *Case 3.* A man, aged 20, under the care of Mr. Hillman, in the Westminster Hospital. Hernia inguinal; strangulated eight hours; sac opened. Recovered without a bad symptom. This man had been operated on a year ago, on the same side, and had remained without protrusion until the present occasion, although not wearing a truss. *Case 4.* A woman, aged 44, under the care of Mr. Ward, in the London Hospital. Hernia oblique, inguinal; strangulated fifty-seven hours; sac opened. The sac contained adherent omentum, and a knuckle of highly congested small intestine. The neck of the sac having been divided, and the adhesions separated, reduction of the whole was effected. Opium treatment was pursued, and the patient recovered without a drawback. The wound was quite healed on the tenth day. *Case 5.* A woman, aged 35, under the care of Mr.

Gowland, in the London Hospital, on account of a femoral hernia, which had come down after an attack of diarrhoea. Strangulation had existed twelve hours. The sac was not opened. Opium treatment. Recovery without a bad symptom. *Case 6.* A woman, aged 45, under the care of Mr. Pollock, in St. George's Hospital. Hernia femoral, of small size. Strangulation had existed 24 hours. The sac was opened, and found to contain only omentum. The wound has since been affected by phagedæna, but the patient is now doing well. *Case 7.* A woman, aged 35, under the care of Mr. Hawkins, in St. George's Hospital. Hernia femoral, small, strangulated three days. The sac was opened, and found to contain inflamed small intestine. Phagedæna has since affected the wound, but is now subsided, and the patient is doing well. *Case 8.* A woman, aged 55, under the care of Mr. Stanley, in St. Bartholomew's Hospital, having suffered for six days from pain in the abdomen, constipation, and sickness. There was a small, rather hard tumour in the usual situation of femoral hernia, on the right side. The taxis having failed, Mr. Stanley at once had recourse to the operation. The saphenous opening having been exposed, Mr. Stanley observed that it was in quite a natural condition, and that the tumour was lower down and farther outwards than usual. The cribriform fascia having been next dissected away, and the falciform border of the fascia lata exposed, it became evident that the tumour, whether hernial or not, had no connection with the femoral ring. Further dissection proved it to be a hernia which had descended in the femoral sheath in front of the vessels, and had forced its way through a small opening, anteriorly. The sac was opened, and a small knuckle of intestine which it contained was returned. The stricture was not very tight. The woman recovered without a bad symptom. *Case 9.* A man, aged 71, under the care of Mr. Luke, in the London Hospital. Hernia scrotal, of large size, strangulated fourteen hours. The taxis had been greatly abused prior to admission, and emetics had been given. The tumour was very tense. The stricture could easily be felt, as a band crossing the sac, but this having been divided, reduction still could not be effected. The sac was now opened, and found to contain small intestine, extremely thickened and congested. Although the finger might be easily passed

up by its side, yet reduction could not be effected, and a freer division with the bistoury was requisite. On the following morning, hemorrhage from a small artery on the inner part of the external ring, filled the sac, and distended the integuments around. The coagula were turned out, and the vessel secured. On the next day he was comfortable, and without pain or sickness. Sulphate of magnesia in drachm doses, every three hours, was ordered. On the following day the vomiting had returned, and there were symptoms of approaching collapse. In spite of the free use of brandy, etc., he sank and died on the evening of the third day. *Case 10.* A man, aged 50, under the care of Mr. Adams and Mr. Gowland, in the London Hospital, suffering from femoral hernia, which had been strangulated two days. On cutting down over the sac, it was found collapsed and apparently empty, and when opened, nothing was found but a creamy fluid, but without the least of feculent odour. A probe passed up through the ring easily. No attempt was made to divide the stricture, no bowel having been seen. Two days after, it was determined to divide the stricture more freely, and in doing this, a profuse escape of fluid contents of the small intestine took place. The man died on the fourth day, from peritonitis, resulting from the escape of feces into the abdominal cavity. The autopsy showed that the first portion of the jejunum, within eight inches of the duodenum, had been strangulated, ruptured, and subsequently incised. The conjecture was, that it had been ruptured into the sac by violent taxis, prior to the man's admission, and that the fluid found in the sac was its contents, the gut itself having collapsed.

*Amputations.*—Of the two cases, 1 and 3, left under care by last month's report, *Case 1* has resulted in recovery, and the other is yet under treatment.

Number of cases, 15; recovered, 6; under treatment, 2; died, 7.

*Double Amputation.*—*Case 1.* A lad, aged 16, previously in good health, was admitted under the care of Mr. Walton, into St. Mary's Hospital, having sustained severe compound fractures of both thighs. He had been run over by a railway engine. The bone, muscles, and large vessels, were severed, and in many parts only the skin remained. He was in a state of collapse, but there was only a slight oozing of blood going on, and no

active hemorrhage. Both thighs were immediately removed. The lad sank almost directly after. Artificial respiration and galvanism were resorted to, but without success. Very little blood had been lost during the operation.

*Of the Thigh.*—*Case 2.* A man, aged 26, under the care of Mr. Gowland, in the London Hospital, on account of compound comminuted fracture of the leg. Primary amputation. Secondary hemorrhage occurred in the sixth week, and ligature of the common femoral had to be performed. Recovered.

*Case 3.* A lad, aged 19, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of a congenital deformity of the leg, which rendered the limb useless. He was of strumous habit. The stump healed almost by the first intention.

*Case 4.* A boy, aged 7, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of old-standing disease of the knee-joint, with great destruction of integument. The operation performed, consisted in dividing the skin from without inwards, so as to form flaps, and then cutting through the muscles by the circular method. Recovery, without a bad symptom. *Case 5.* A lad, aged 17, under Mr. Paget's care, in St. Bartholomew's Hospital, on account of diseased knee-joint, of sixteen months' standing. He was in a hectic and much exhausted condition, but there were no positive indications of visceral disease. Since the amputation, he has sunk into a very feeble state, and has all the symptoms of advancing phthisis. Under treatment.

*Case 6.* A lad, aged 19, under the care of Mr. Birkett, in Guy's Hospital, on account of diseased knee-joint of fourteen months' standing. He was much reduced in health, and there was great thickening of the soft parts around the joint. After removal, the synovial membrane was found in a state of pulpy degeneration, and the joint contained pus. In the external condyle, was a portion of necrosed bone. The cartilages were not ulcerated. The man recovered well.

*Case 7.* A man, of middle age and intemperate habits, was admitted into St. Thomas's Hospital, under the care of Mr. Le Gros Clarke, having sustained a severe compound fracture of the thigh, from the passage of a railway truck over the limb. For several hours he refused to submit to amputation, and when his consent was obtained, his condition was very unhelpful. He did not

rally well afterwards, and death took place on the second day.

*Of the Leg.*—*Case 8.* A lad, aged 18, under the care of Mr. Holt, in the Westminster Hospital, on account of diseased tarsus and ankle, of seven months' standing. Flap amputation of the leg. Doing well.

*Case 9.* A healthy boy, aged 15, under the care of Mr. Adams, in the London Hospital, on account of compound comminuted fracture of the leg. Primary amputation by double flaps. Recovery.

*Case 10.* A man, aged 28, under Mr. Tatum's care, in St. George's Hospital, on account of compound dislocation of the ankle, with great laceration of the soft parts. Flap amputation through the leg. Death from pyæmia and secondary deposits.

*Case 11.* A man, aged 48, under the care of Mr. Critchett, in the London Hospital, on account of compound fracture of the leg, with extensive laceration of the soft parts. He was in extreme collapse, and had lost much blood. The amputation had to be performed by a large posterior flap only. The man did not rally well, and death occurred on the second day.

*Case 12.* An intemperate man, aged 42, under the care of Mr. M'Murdo, in St. Thomas's Hospital, on account of an injury to the leg, which had almost severed it at the knee-joint. Primary amputation through the thigh. Slight secondary hemorrhage occurred. Death from pyæmia on the twenty-fourth day.


*Case 13.* A boy, aged 14, under the care of Mr. South, in St. Thomas's Hospital, on account of very extensive strumous disease of the tarsus. Secondary hemorrhage occurred about a week after the operation, which was arrested, after considerable loss of blood, by the perchloride of iron. He sank, and died on the twentieth day. No post-mortem could be obtained, but it was probable that tubercular disease of the lungs existed.

*Case 14.* A man, aged 36, under the care of Mr. Cutler, in St. George's Hospital, on account of elephantiasis of the foot and leg, which had existed for seventeen years. Circular amputation through the leg. Death from phlebitis of the femoral vein and pyæmia resulted.

*Of the Upper Extremity.*—*Case 15.* A man, aged 22, was admitted into the London Hospital, under the care of Mr. Critchett, on account of a gunshot wound of the upper part of the arm. The bone had been shattered, and the artery torn across. He was

in extreme collapse from loss of blood, and almost died on the operating table. Amputation at the shoulder-joint was performed.

No bleeding occurred, and he rallied well afterwards, and made an excellent recovery.

*Excision of Bones and Joints.*—*Case 1.* A lad, aged 20, under the care of Mr. Paget, in St. Bartholemew's Hospital, on account of strumous disease of the right elbow-joint. Excision of the whole articulation was performed, the  shaped incision being adopted. He has done uninterruptedly well since the operation.

*Case 2.* A girl, aged 20, under Mr. Chance's care, in the Metropolitan Free Hospital, on account of an unreduced dislocation of the terminal phalanx of the thumb, of two years' standing. The phalanx was thrown backwards, and the deformity was such that the thumb was useless.

A curved incision having been made over the front of the joint, it was laid open, and the head of the second phalanx having been sawn off, reduction was easily effected. The wound healed well. The thumb is now of good form, and can be used for all ordinary occupations.

*Case 3.* A girl, aged 4, under the care of Mr. Statham, in the University College Hospital, on account of scrofulous disease of the knee-joint. The child's general health was tolerably good. Mr. Statham laid open the joint, sawed away the articular extremity of the femur, and gouged out the head of the tibia. Under treatment.

*Case 4.* A boy, aged 4, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of diseased os calcis. A sinus existed, leading into the bone. This was enlarged, and a portion of necrosed bone, including the greater part of the calcaneum, was removed.

Under treatment.

*Removal of the Testis.*—A labouring man, aged 28, apparently in good health, was admitted into Guy's Hospital, under the care of Mr. Cook, on account of great enlargement of the right testicle. He was of temperate habits, and knew of no injury to the part having occurred. The disease had existed four or five months, and for the past two weeks pain had been complained of.

In some parts, the gland, which was the size of a small fist, was of almost stony hardness; a small quantity of fluid occupied the tunica vaginalis. The cord was not enlarged, and a most careful examination of the chest and abdomen failed to discover any evidences of internal disease. There



was a slightly enlarged gland above the right clavicle. Excision of the gland was performed on September 4, and after its removal, it was found to be one mass of firm medullary cancer. The cord was quite sound. The man went on fairly afterwards, the wound healing; the gland over the clavicle, however, increasing rapidly in size. The wound being nearly closed, it was intended that he should be discharged, when suddenly rigors occurred, and he sank into a state of low fever. It now became evident a large growth was forming in the right lung; the gland also continued increasing. Death took place on October 16. At the autopsy, the cord was found healthy until its lymphatics joined the lumbar glands, which latter were enlarged and cancerous. Malignant deposit was found in the right lung, and a large mass above the right clavicle.

*Removal of Malignant Tumours.*—The case left under care by last month's report, has since resulted in recovery.

*Case 1.* A woman, aged 31, under the care of Mr. Cock, in Guy's Hospital, on account of a return of cancerous disease in the right antrum and adjacent parts. Three operations for its removal had been previously performed, and considerable portions of the upper maxilla removed. The last operation was in May of the present year. Mr. Cock dissected up the integument, and scooped out the diseased parts as freely as possible. The wound has healed, but even now the growth is reappearing. *Case 2.* A woman, aged 42, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a tumour the size of a walnut in the mammary gland. The breast was excised, and the tumour was found to present all the characters of scirrhus. In another part of the gland was a small tumour the size of a pea, which, both to the naked eye and under the microscope, exactly resembled one of mammary glandular nature. The patient recovered. *Case 3.* A woman, aged 37, under the care of Mr. Shaw, in the Middlesex Hospital, on account of a scirrhus tumour, the size of an orange, in the breast. The whole gland was removed. Erysipelas came on four days after the operation, and death took place on the fourteenth. At the autopsy, a cancerous tumour the size of a pea, was found in the right lung. The heart presented, under the microscope, the appearance of fatty degenera-

tion in an advanced stage. The latter fact is of interest, inasmuch as no untoward symptoms had attended the administration of chloroform during the operation. *Case 4.* A woman, aged 50, under the care of Mr. Birkett, in Guy's Hospital, on account of cancer of the breast of twelve months' duration. The whole gland was excised, and its clavicular lobes were found infiltrated with scirrhus deposit. The patient recovered well. *Case 5.* A woman, aged 58, under the care of Mr. Birkett, in Guy's Hospital, on account of a circumscribed mass of cancer in the breast, adhering to the skin, but not infiltrating the lobes of the gland. Excision. Recovery. *Case 6.* A woman, aged 40, under the care of Mr. Le Gros Clark, in St. Thomas's Hospital, on account of scirrhus disease of the breast, of a year's duration. Excision of the whole gland. Recovery. *Case 7.* A healthy-looking woman, aged 47, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, with a large scirrhus tumour in the right mammary gland. The mass adhered to the skin and nipple, but was movable on the pectoral muscle. An axillary gland was enlarged. The disease had existed for seven years, but had latterly increased fast. The whole breast was excised, as also the gland from the axilla. The patient recovered without an unfavourable symptom. *Case 8.* A woman, aged 43, under Mr. Hilton's care, in Guy's Hospital, on account of cancer of the breast of six years' duration. She was much out of health. The whole gland was removed. Doing well. *Case 9.* A woman, aged 66, under the care of Mr. Marshall, in University College Hospital, on account of scirrhus of the mammary gland of three years' duration. The tumour was small. The whole breast was removed. Recovered.

*Removal of Non-Malignant Tumours.*—*Case 1.* A woman, aged 24, under Mr. Cock's care, in Guy's Hospital, on account of a recurrent fibroid tumour in the inner side of the right thigh. The growth had been removed twelve times before, being always reproduced beneath the cicatrix. The dissection on the present occasion nearly exposed the femoral vessels. Doing well. *Case 2.* A delicate woman, aged 26, under Mr. Lawrence's care, in St. Bartholomew's Hospital, on account of two tumours on the mammary gland. The larger one, the size of a walnut, was quite movable,

but the smaller one was attached to the capsule of the gland. After removal, both were proved to be of glandular structure. The wound soon healed. *Case 3.* A woman, aged 30, in good health, under the care of Mr. Lawrence, in St. Bartholomew's Hospital, on account of a tumour, the size of a walnut, in the left breast. It had been growing for three years. A similar one had been removed from the same breast, by Mr. Lawrence, nine years ago. The tumour showed, after removal, a glandular structure. Recovered. *Case 4.* A healthy woman, aged 23, under Mr. Wotmold's care, in St. Bartholomew's Hospital, on account of a mammary glandular tumour, the size of a walnut, which had been gradually increasing for three years. Excision. Recovery. In this, and the two preceding cases, the patients were all married, but childless, and, in the first, there had been a troublesome dysmenorrhœa for some time. *Case 5.* A woman, aged 36, under Mr. Tatum's care, in St. George's Hospital, on account of a warty growth in the cleft of the nates, of large size, and against which escharotics had been ineffectually used. Excision. Recovery. *Case 6.* A girl, aged 20, under the care of Mr. Birkett, in Guy's Hospital, on account of an isolated fibro-cellular growth on the inner side of the right knee. It had existed six months. Excision. Recovery. *Case 7.* A man, aged 26, under care in St. Thomas's Hospital, on account of a warty growth, the size of a small orange, over the back. It was tied in a double ligature by Mr. Tyrrell (House-Surgeon), and sloughed away. The wound healed well.

*Removal of the Eyeball.*—A man, aged 42, under the care of Mr. Pollock, in St. George's Hospital, on account of melanosis of the eye. The globe was extirpated in the usual manner. The parts healed well.

*Tracheotomy.*—*Case 1.* A healthy boy, aged 5, was admitted into St. Bartholomew's Hospital, with the statement that he had swallowed a nut, and had since appeared to be choking. He was gasping for breath, and quite livid in the face. Mr. Morris, the House-Surgeon, at once introduced his finger into the pharynx, and, in so doing, felt it to displace some small substance just at the back of the tongue. The urgent symptoms immediately subsided, and the child regained his natural breathing. During that day, and the succeeding night, his respiration was in no way impeded, but, about

nine o'clock on the next morning, while sitting at his breakfast, he was suddenly seized with violent dyspœnia. The House-Surgeon having been summoned, found him lying on his back, livid in the face, quite insensible, and almost pulseless. Nothing could be felt in the throat. Tracheotomy was at once performed, and immediate and complete relief to the breathing followed. Soon after the operation, it was observed that the chest did not expand on the left side during inspiration and, on auscultation, it was found that no air entered the lung. Percussion over the left side gave a resonant note. The tracheal tube was now removed, a ligature being placed in each lip of the wound to secure its patency. During the day, the child was kept in a warm atmosphere, and appeared tolerably comfortable. About fifteen hours after the operation, he was suddenly seized with a violent paroxysm of coughing, during which the foreign body was shot out through the opening in the trachea. It proved to be the stone of a damson plum. Shortly after its expulsion the breathing became much less laboured, and vesicular respiration was audible over the left lung. A slight attack of pneumonia afterwards supervened, but it subsided under treatment by antimonials, and the child made an excellent recovery. The wound healed by granulation. *Case 2.* A child, aged 4, was admitted, nearly moribund, into St. Mary's Hospital, with the statement that he had choked from swallowing a portion of a crab's claw. Mr. Watkins, the House-Surgeon, at once performed tracheotomy, and with much immediate relief. The foreign body was, however, not expelled, nor was it deemed wise to make any search for it. On the following day, Mr. Lane examined the trachea, but was not successful in finding the offending body. The child died of pneumonia on the fourth day. At the autopsy, the end of a crab's claw was found in the trachea, just above the wound. The mucous membrane of the trachea was congested and thickened, and there were evidences of extensive pleuropneumonia.

*Plastic Operations.*—*For Vesico-Vaginal Fistula.*—A woman, aged 26, under the care of Mr. Baker Brown, in St. Mary's Hospital, having been previously operated on unsuccessfully. On the present occasion, no urine had escaped up to the thirteenth day, and the case seemed to promise well.

*For the Cleft Palate.*—A lad, aged 18, under the care of Mr. Pollock, in St. George's Hospital, having been previously operated on for hare-lip, and partially for the cleft in the palate. The present operation consisted in closing the cleft in the posterior half of the hard palate. Union took place. The soft palate remains for a future operation.

*For Hare-Lip.*—In one case, under the care of Mr. Quain, in University College Hospital, successful.

*Operations for Navus.*—*Case 1.* A child, aged 1, under the care of Mr. Hutchinson, in the Metropolitan Free Hospital, having a navus, the size of a penny, on the abdomen. It was limited to the skin. The whole was excised, the excision being carried through healthy integument. But little blood was lost, and the wound afterwards healed well. *Case 2.* A child, aged three months, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of a subcutaneous navus, involving the whole region of one breast. The subcutaneous ligature was employed, and was successful. A small cutaneous navus, on the same child, was subsequently tied on needles in the usual way.

*Injection of Cysts with Iodine.*—A girl, aged 3, under the care of Mr. Athol Johnson, in the Hospital for Sick Children, on account of a congenital cystic tumour, extending from one labium to the spine of the ilium. It measured 6 inches and a half, in its long diameter, by three across, and had several constrictions, which gave it the appearance of several cysts, though in reality but one. Four ounces of yellow, albuminous fluid having been drawn off, some tincture of iodine was injected. Within a very few hours the tumour refilled, but there was not much inflammation. Subsequently, steady diminution took place, until, at the end of a fortnight, the child being attacked by scarlet fever, the cyst suppurated. A free incision was now practised, and the case has since done well.

*Polypus of the Rectum.*—A man, aged 25, under the care of Mr. Quain, in University College Hospital, on account of a polypus, growing by a long pedicle within the rectum. It had existed for many years. Excision was practised, and the man soon recovered.

*Removal of Fibrous Tumours from the Uterus.*—A woman, aged 33, under the care

of Mr. Baker Brown, in St. Mary's Hospital, suffering from fibrous tumours within the uterus. She was very anæmic, from frequent losses of blood. One of the tumours protruded from the os, about the size of an egg, and had contracted firm adhesions to the cervix. The operation, which lasted an hour and a half, consisted in dragging the tumours down by means of a ligature passed through the lower one, and then by means of the hand in the cavity of the uterus enucleating the others. But little blood was lost. The whole mass, when detached, weighed more than four pounds; it consisted of numerous fibrous growths joined together. The patient remained very feeble after the operation, and on the eleventh day, whilst being raised in bed, became much exhausted, and sank into collapse, from which she never rallied. There had been swelling of the left leg since the sixth day. At the autopsy, phlebitis of the left iliac vein was found, but there was no purulent deposits in either lungs or liver. The aortic valves of the heart were diseased. In the uterine wall, near the fundus, was a fibrous tumour of considerable size, and in the cavity of the organ, a small one, of similar character to those removed. The os was much dilated, and the body of the womb contracted.

*Puncture of the Bladder.*—In the case mentioned last month, under the care of Mr. Lloyd, in St. Bartholomew's Hospital, in which puncture above the pubes had been performed, the catheter has since been passed through the stricture, and the artificial opening allowed to heal. No. 8 can now be introduced, and the man may be considered well.

A man, aged 71, the subject of bronchitis, and much out of health, was admitted into Guy's Hospital, under the care of Mr. Callaway, on account of retention of urine, from prostatic disease. Catheterism being found impracticable, the instrument was pushed through the opposing part of the gland. On a second occasion, however, it being again found impracticable to pass a catheter, it was determined to puncture by the rectum. This was done in the usual way, and a large quantity of bloody urine removed. The cannula was left in until the time of death, which occurred forty-eight hours after the operation. At the autopsy, the track of the puncture was found in a healthy condition. The third lobe of the



prostate was very large, and hung valve-wise over the opening of the urethra. The kidneys were diseased, and there was extensive lobular pneumonia.

**Puncture of the Urethra.**—A man, aged 53, in broken-down health, and almost at death's door, from the effects of a stricture of twenty years' duration, was admitted into Guy's Hospital, under the care of Mr. Cock. No instrument could be passed, and on the second day it was determined to relieve him by opening the urethra behind the stricture. Hitherto, the urine had merely oozed away. The operation was performed in the usual way, no attempt being made to divide the stricture. No blood was lost, and the urine afterwards flowed freely by the wound. Although thus relieved of the local distress, the man had not power to rally. He remained low and without appetite, and sank on the seventh day. The autopsy showed a cartilaginous stricture in the membranous urethra, which could only just be made to admit a punctum probe. No sloughing or infiltration had occurred, but there was a small abscess in the prostate. The kidneys were almost sound, and the bladder less diseased than might have been expected. The opening had entered the urethra just behind the stricture.

**Cyst in the Antrum.**—A woman, aged 31, under the care of Mr. Cock, in Guy's Hospital, on account of a cyst distending the right antrum and projecting under the cheek. The bone in front of it had been absorbed. The operation consisted in dissecting up between the gum and cheek, and removing as much of the cyst wall as could be got away by means of scissors. A glairy fluid was evacuated, the cyst wall being tough and fibrous. The cavity was stuffed with sponges. Suppuration followed, and the parts healed, the cyst being apparently destroyed.

**Excision of Nerve Trunk.**—A man, aged 59, is under Mr. Hilton's care, in Guy's Hospital, on account of painful stump. Amputation below the knee was performed six years ago. Mr. Hilton excised about an inch and a half of the peroneal nerve. The relief has, of course, been complete, as far as the parts supplied by that nerve are concerned, but in some others the pain still remains.

**Ligature of Varicose Veins.**—In three cases, under care in St. Thomas's Hospital, the operation of ligature of veins, by passing a needle under their trunk, and employing

the twisted suture, has been performed. In one the patient had rigors, and some febrile excitement, but these subsided after removal of the needles. All proved successful.

**Operation for Urethral Stricture.**—A man, aged 34, a shoemaker, of pale complexion and much out of health, was admitted into St. Bartholomew's Hospital, under the care of Mr. Paget, on account of retention of urine. He had suffered from a close stricture of the urethra for fifteen years, the disease having followed a neglected gonorrhoea. He had attended many surgeons, and had many times suffered from complete retention. His first attack of retention was twelve years ago. On many occasions it had been found impossible to introduce instruments, and, for a month prior to his present admission, he had attended at the Surgery of St. Bartholomew's almost daily, and on one occasion only had it been found practicable to pass the stricture. On the day previous to his admission, in the out-patients' room, after a very patient trial, a most dexterous surgeon had failed to introduce the smallest instrument. The retention being urgent, and the House-Surgeon having been foiled in his endeavours, Mr. Paget was called to the case at midnight, and, after a long trial, succeeded in forcing a No. 4 through the stricture. During the next fortnight, No. 2 was passed daily, and occasionally No. 3; but, as no permanent gain seemed to accrue, and the history of the case indicated a stricture of extreme obstinacy, Mr. Paget determined to perform perineal section. This was accordingly done, a Syme's staff, No. 2, being used, and the stricture cut freely through in the median line of the perineum. A silver catheter was afterwards passed, and retained for four days. During this period all went on well, but, after the removal of the catheter on the fourth day, the man had a severe rigor, which was followed by almost complete suppression of urine for twenty-four hours. For three days he continued ill, but subsequently, the symptoms passed entirely away. The wound was quite healed at the end of two weeks. At present, the man is quite well in every respect, and more comfortable, as regards his urinary apparatus, than he had been for fifteen years before. A No. 10 catheter can be passed with ease, and the stricture shows no tendency to again contract.—*Med. Times and Gaz.*, Oct. 27, and Nov. 3, 1855.

*Clinical Lecture on Foreign Bodies in the Oesophagus.*—By JOHN HAMILTON, Surgeon to the Richmond St. Hospital. Many diseases will be submitted to your treatment, on which you will have time to deliberate: affections of the joints, of the bones, tumours, chronic abscesses, and the like. Others in which you will have no such advantage, but be called on to act at once. Among these will be included the majority of accidents; and in no description of accident more so than in cases of foreign bodies arrested in the oesophagus and windpipe. A woman has just left the hospital well, in whom I had to push a piece of beef bone, stuck in the oesophagus, down into the stomach. Before reading the case, let me make a few general observations.

In practice you will find yourselves most commonly called on to treat cases, where foreign bodies stay in the oesophagus, and cause choking, under two different circumstances. First, where the bodies are small and sharp (the most frequent), such as pins, small bones of fish, sharp splinters of bones swallowed in hash or mince, &c. Secondly, where too large a morsel, either a hard body, as an apple, or any soft tough material, attempted to be swallowed, becomes wedged in the pharynx, and the patient can neither get it up nor down; a lump of beef-steak, a crust of bread, half chewed, for instance. The last division is much the most serious. A large body, by its pressure and position, closes the glottis, and speedy death is the result.

Now, as to the first, where a sharp piece of bone has stopped in the pharynx or oesophagus, two courses are open to you; to get it out, which is the most desirable, or to push it down into the stomach. Sometimes, though rarely, you will see the foreign body stuck across the upper part of the pharynx; this simplifies the extraction, but it is not always as easy as you might think. I recollect a young woman, who came to the hospital with a large pin wedged across the throat, the violent muscular efforts and contractions having served to force it in, and fix it at both ends. To disengage it I had to seize it in the middle, and push one end in deeper, till the other was loose. I was lucky enough to hit on the right or sharp extremity, and then withdrew it with ease. A woman had been eating fish, and one of the small bones stuck in her throat, causing excessive irritation, and sensations of chok-

ing and retching. I saw the end standing up at the left of the dorsum of the tongue, the other being fixed at the lower and posterior part of the tonsil. I readily seized it, but instead of coming easily away, I was astonished at the resistance, which required some force to overcome, as I had to tear it from its bed. When removed, the reason was apparent; a small barb projected from one side of the end.

When you cannot see the foreign body, you may, if it is of any size, be able to feel it; and hence more accurately guide the forceps. In children this is more easy of course, from the shorter distance from the teeth to the pharynx. I recollect Sir Philip Crampton mentioning that he had in this way succeeded in detecting the position of, and removing a buckle which had stuck in a child's throat.

Generally, you will be able neither to see nor feel it, but must trust to the evidence of the patient and his sufferings, as to the presence and situation of the foreign body in the oesophagus. Besides the miserable sensation of choking, and the indescribable distress exhibited by most people under these circumstances, they usually point, if the substance is sharp, to one side or other of the throat, as the seat of pricking pain. This is valuable information, and in trying to get it out, should be borne in mind. The woman, who has left the house, pointed constantly to the right side as the part where the bone was, and, acting on this, I was successful in dislodging it. In attempting to dislodge a foreign body from the pharynx, you must be prepared for great difficulties, the chief of which are the spasmodic action of the muscles of the pharynx, the choking or sense of suffocation which the presence of your instrument causes, and that makes the patient instinctively put up his hand, seize and draw it out, before you have accomplished anything. In introducing your finger, let me caution you to guard it by a few turns of your handkerchief around it, or by an assistant holding the handle of a fork, or something similar, between the molars, otherwise severe bites are given by a sort of involuntary spasmodic closure of the jaws.

If it is a piece of bone of tolerable size, or a square bit of glass, not uncommon in children, or such like hard body, you may feel it with the oesophagus forceps, seize and withdraw it. Here are two kinds, one

opening from before backwards, the other laterally, long, and of moderate curve. In passing them, keep well to the back of the pharynx, so as to avoid the glottis, and to the side the pain is complained of. If you catch hold of anything, you must be satisfied that it is no part of the edge of the glottis, but really the substance you are in search of. You will not, however, find the forceps a satisfactory instrument, and will be more successful, generally, with the probang, particularly as it is sold with two cords attached to it. You pass it carefully to the back of the pharynx, then tell the patient to swallow, when it will go readily down the œsophagus, unless stopped by the foreign body; a little force will usually get it beyond this, and when you are satisfied that it has passed it, the probang should be pulled up again, pressing as much as possible along the side of the pharynx where the patient points the substance to be. In this way I have removed many objects from the pharynx. Here is a very ugly bit of mutton bone, quite sharp at either end, and which stuck across the œsophagus. At the first attempt I disengaged one end, at the second it got entangled between the sponge and cords, and came out.

A young gentleman came to me in the evening with a chicken bone, he said, sticking in his throat, referring the place to the level of the lower part of the larynx. He could swallow water, but with pain; an attempt to swallow a crust of bread, which he had been advised by his friends to do, gave him great torture. I passed down the probang, not without some difficulty, below the seat of obstruction, and then drew it out, in doing which I felt slight resistance, but I was gratified to find that I had withdrawn the foreign substance entangled in the strings of the probang. On examination, it proved to be not a piece of chicken bone, as he had thought, but a piece of the flesh of the chicken in a flake, an inch and a half long, transfixed by a pin. The point of the pin had luckily just entered the sponge, and remained fixed in it, as I drew the probang out. Poulterers, in sending home fowls, constantly pin paper around them; in this instance the paper had been torn off, and one of the pins still left in, and thus had been swallowed with the morsel of flesh through which it ran.

If you fail in your efforts to extract the foreign body, the next best thing is to get it into the stomach; it cannot be left in the throat

where its presence is intolerable and dangerous, so with the round bit of sponge at the end of the probang you push it down the œsophagus into the stomach. But you will say, is there no danger in introducing into an organ with thin, membranous walls, such a sharp bit of bone as you have just shown us, or pins or needles, bits of glass, and such like? Well, there certainly is danger, but less than leaving the same substances in the throat. It is strange and interesting what hard and sharp things will pass along, through the pylorus, the whole tract of smaller intestines, by the apparently impassable ileo-cæcal valve, into the large intestines, and out by the anus. An apothecary in my neighbourhood came to me in great alarm, with his little boy, about three years old, who had just swallowed an Irish diamond breastpin. There was reason enough for the poor father's anxiety; as, if nature attempted to get rid of this long pin by the sharp end, transfixing the bowel and external parts, the large head would be an impediment to its progress, and hence be likely to cause fatal irritation. He was anxious to give castor oil. I objected to this, or to anything that would be likely to disturb the peristaltic action of the bowels. I desired the little boy to be let go about as usual, but that his food should be as solid as possible, as I thought the pin more likely to pass safely out of the stomach in a mass of chyme of some consistence. No real diamond seeker ever examined the mine with the same eagerness that the father did the first motion passed the next day by the little boy. He found the pin in it less than twenty-four hours after it had been swallowed. In this case, no doubt, the pin had fortunately gone with the heavy, blunt head foremost. If the foreign body is solid, and rather large, the pylorus sometimes refuses to let it pass, it causes uneasiness in the stomach, and is rejected by vomiting. Here is a large brass button, off the coat of one of the Dublin and Kingstown Railway servants. It was swallowed by a child four years old; caused uneasy sensations, and finally vomiting, by which it was happily rejected, without stopping in the throat. Generally, if of moderate size, even though sharp, as a pin or needle, the foreign body passes on, and is expelled through the anus. But if a sharp body, pushed into the stomach, is refused passage by the pylorus, and cannot be expelled by vomiting, it will try to get out through the walls of the sto-

mach and abdomen. Many such cases are related by authors, where large pins, long, strong fish bones, even the steel with which butchers sharpen knives, have slipped down the œsophagus into the stomach, and made their way out through a large abscess pressing over them externally. In a few instances death has resulted. Schenkus relates that a large iron needle, which a man had swallowed, made its way out through the walls of the stomach, and then penetrated into the substance of the liver, and the patient died of tabes. Where the pylorus has been passed, the foreign body, if sharp, may be arrested in any part of the intestinal tract, and work a passage out by ulceration and suppuration at some part of the belly or groins, or even the loins. Pins have made their way into the bladder, and been passed with the urine, incrueted with calcareous matter, or have remained and produced the symptoms of calculus, and been removed by operation. In the post mortem examination of George the Fourth, how this takes place is shown. A sharp piece of mutton bone was found which had partly got into the bladder from the rectum, having transixed the parietes of each, where they lie in contact, one end projecting into the rectum, the other in the bladder. A bit of bone has got safely to the rectum, pierced the bowel by the side of the anus, caused an abscess there, and so got out. Petit gives a case of this kind of a lady, in whom he removed, from an abscess by the side of the anus, a chicken bone. You will see, therefore, that in many, perhaps the majority of cases, foreign bodies, pushed from the œsophagus into the stomach, will pass on safely and without much disturbance; in others, they get an exit by ulceration and suppuration at various parts of the intestinal tract, or of the body; the strange course of pins and needles being well known, even out through the testicles and scrotum. But in a few cases, death has resulted from the irritation on their getting into a wrong track, as the liver or kidney.—*Dublin Hospital Gazette*, Dec. 15, 1855.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*Lard as an Antidote to Strychnia.*—Dr. D. F. FERRIS, of Croton Falls, N. Y., writes to us as follows:—

"In the number of the *American Jour-*

*nal of the Medical Sciences* for October, 1855, there is an article in relation to the effect of lard as an antidote to strychnia. Some time during the past summer, I undertook to poison a dog by giving him ten grains of corrosive sublimate in butter. I gave it in the evening, and expected to find him, in the morning, dead, but was surprised to see him alive. I then gave him three or four grains of strychnia in butter, and it failed to have the desired effect, when I gave him another dose, in meat, which proved fatal in about fifteen minutes."

We must add that Dr. W. G. THOMAS, of Camden, N. J., states (*Medical and Surgical Reporter*, Jan. 1856) that he was induced to repeat Dr. W. N. Pindell's experiments (see *American Journal of the Medical Sciences* for Oct. 1855, p. 541), and with different results. He first tried olive oil. All the cats experimented on died in from five to fifteen minutes. He then tried lard; it also failed. The animals experimented on (dogs and cats) expired in about the time usually observed in poisoning by strychnia.

*Death from Chloroform.*—We have to record another death from the inhalation of chloroform. It occurred in Boston. The exhibitor, Dr. EMMET, publishes the following statement of the case in the *Boston Journal*:—

"Between the hours of 1 and 2 o'clock on the 5th inst., I commenced to administer chloroform to Mrs. P. A. Morgan, at her request, for the purpose of removing some teeth. I commenced with a small quantity—should think from two to three drachms, on a sponge. She inhaled it without difficulty for a minute or two. Her pulse was not strong, but uniform. She then commenced to be excited, and said that I was going to extract her teeth, and she should know all about it. She said that Mrs. Paige (the lady who accompanied her) was getting the forceps to extract them with. I think about one minute had passed during this conversation and excitement. I then removed the sponge from her mouth, and in a few moments she became quiet, and satisfied that there had been no attempt made to remove her teeth. In a few moments I commenced the operation again, with the same amount of chloroform. She inhaled it without difficulty about as long as she



did before, and became so much excited that she got up out of the chair, and insisted that I had extracted her teeth. She spit on the floor and looked to see if it was blood, and she insisted that some one was coming into the room whom she did not want to see. I sat her down in the chair again, and she then went into a spasm, closed her teeth, and breathed with difficulty. I sprinkled water on her face, and the muscles relaxed, and I asked her to get up and we would place her on the lounge. She made an effort to rise, and, with my assistance, stood on her feet, and then instantly sank to the floor. With the assistance of Mrs. Paige, I placed her on the lounge, and then there was a rush of blood to the brain. I sprinkled water in her face again, but she showed no signs of being conscious. Mrs. Paige went for assistance, and I immediately commenced artificial respiration by insufflation, and kept it up until Dr. Stedman came in, which was but a few minutes."

**Ovum in Ovo.**—Dr. J. F. READ, of Fairfield, Greene Co., Ohio, writes to us: I see, in the Nov. number of *News*, "a remarkable case," as you style it, of an "ovum in ovo." You say, you "do not recollect to have heard of one before which had a separate calcareous covering." If they are of such rare occurrence, allow me to offer an occurrence, with some similarity, occurring in the egg of a goose. The enveloping egg was of uncommon size—attracting attention by its dimensions—with a shell of less firmness than usual. It would be classed with what is usually denominated "soft shelled eggs," though offering considerable resistance upon pressure. It was symmetrical, well filled, though admitting of sufficient compression to detect some hard substance. Upon rupturing the outer membrane, with its thin, calcareous deposit, it was found to contain about the usual quantity of albumen, surrounding a well-formed egg, of the average size, and covering of more than usual resistance. The diameters of the contained egg corresponded with the outer, and were not opposed to them as they were in the case reported. The arrangement of the contents of the inner egg did not differ from what we usually see.

**Philadelphia County Medical Society.**—The following are the officers and delegates for 1856, elected January 16, 1856:—

**President.**—Dr. Wilson Jewell.

**Vice-Presidents.**—Drs. George W. Norris and William N. Johnson.

**Recording Secretary.**—Dr. Anthony E. Stocker.

**Assistant Secretary.**—Dr. James Aitken Meigs.

**Corresponding Secretary.**—Dr. Alfred L. Kennedy.

**Treasurer.**—Dr. William Byrd Page.

**Censors.**—Drs. John B. Biddle, Lewis Rodman, Samuel Lewis, Thomas F. Betton, D. Francis Condie.

**Delegates to the American Medical Association.**—Drs. Thomas F. Betton, D. Francis Condie, G. Emerson, James V. Emlen, Edward Hartshorne, Isaac Hays, Samuel L. Hollingsworth, A. Helfenstein, Benj. S. Janney, Prof. Samuel Jackson, Wilson Jewell, Wm. N. Johnson, Alfred L. Kennedy, René La Roche, Samuel Lewis, John F. Lamb, Richard I. Levin, William Maybury, Lewis Rodman, Francis West, Casper Wistar.

**Delegates to the State Medical Society.**—Drs. James Ash, Franklin Bache, T. Hewson Bache, John Bell, John B. Biddle, Thomas F. Betton, Joseph Carson, Benj. Horner Coates, D. Francis Condie, G. Emerson, Robert A. Given, Lewis P. Gerhard, Wm. W. Gerhard, Paul B. Goddard, John D. Griscom, Henry Hartshorne, Edward Hartshorne, Nath. L. Hatfield, Sam'l L. Hollingsworth, Prof. Samuel Jackson, Samuel Jackson, Benjamin S. Janney, Edgar Janvier, Wilson Jewell, W. L. Knight, Wm. H. Klapp, R. S. Kenderdine, E. F. Leake, René La Roche, Wm. Maybury, Charles D. Meigs, J. H. B. McClellan, Arnold Naudain, John Neil, George W. Norris, John M. Pugh, Lewis Rodman, Isaac Remington, J. Henry Smaltz, Henry Y. Smith, George B. Wood, Thomas H. Yardley, Jacob S. Zorns.

**ANTHONY E. STOCKER,**

*Recording Secretary.*

**Northern Medical Association.**—At the annual meeting of the Northern Medical Association, held January 11, 1856, the following officers were duly elected, viz:—

**President,** Dr. J. T. Lamb.

**V. President,** Dr. Joseph R. Bryan.

**Treasurer,** Dr. J. H. Smaltz.

**Rec. Secretary,** Dr. L. Curtis.

**Corres'g Sec.,** Dr. Wm. Maybury.

**Rep'g Sec's.,** Drs. M. Fort and J. S. Hill.



2. Portal Prize, \$200: on the Morbid Anatomy of Cysts. 3. Civrieux Prize, \$400: To establish by actual facts the difference between Neuralgia and Neuritis. 4. The Capuron Prize, \$200: On bloodletting in pregnancy. 5. The Argenteuil Prize, \$2400, given every sixth year (1850—1856), to be awarded to the author of the most noted Improvement in the Treatment of Stricture of the Urethra; or else to the author of such improvement in other diseases of the urinary apparatus.

For 1857.—1. Academy Prize, \$200: On the Degree of Utility of Issues and Setons in Chronic Diseases. 2. Portal Prize, \$200: Describe the Organic Changes caused by Rheumatism, and show how these Changes may be distinguished from Alterations depending on Other Causes. 3. Civrieux Prize, \$300: On Nervous Vertigo; establish the diagnosis of the disease, and point out how it can be distinguished from vertigo depending on plethora, anemia, or an organic cerebral lesion; and state which treatment should be used in nervous vertigo. 4. Capuron Prize, \$200: the same as last year (on Sudden Death during Gestation). The Academy wishes competitors to understand that sudden deaths have occurred with pregnant women either during or after parturition, and that these cases could not be explained by the ordinary causes of sudden deaths. The Academy had those cases in view when the question was last proposed, and it is with respect to these that the question should be answered. 5. Second Academical Prize, \$200: Give the Characters of Saline Mineral Waters, Point out the Springs belonging to this Class; Ascertain by Cases their Physiological and Therapeutical Effects, and state in which Chronic Diseases they may be advantageously employed. 6. Lefèvre Prize, \$350 (triennial). On Melancholia.

1858.—Itard Prize, \$600 (triennial): To the best book (of at least two years' existence) on Practical Medicine—viz: on Actual Therapeutical Applications.

The papers for 1856 should be sent in before the last of March of the same year.

Appointment of M. BERNARD to the chair vacant by the death of M. MAGENDIE.—On Monday, Dec. 17, the Academy of Sciences, of Paris, proceeded to the nomination of two candidates for the chair occupied by the late M. MAGENDIE at the College de France.

M. Bernard had 41 votes, M. Longet 7, and M. Littré 1. Bernard was therefore declared the first candidate. Longet having obtained afterwards 43 votes, while Brown-Séquard had only 7, the former was declared second candidate. The *Monsieur* of the 22d instant published the appointment of Bernard by the Minister of Public Instruction. This election has excited much interest in the medical world of Paris.

*Dr. Marshall Hall*.—This distinguished physiologist has been elected a corresponding member of the French Academy of Sciences, to the section of medicine and surgery. The other candidates were Rokitsanky, Christison, Riberi, and Chelius.

*New Surgeon Extraordinary to the Queen*.—Mr. FENWICK has been appointed surgeon extraordinary to the Queen of England.

*Medical Students*.—It is stated that there is a considerable diminution of the number of students at the various hospitals in England and Ireland this session. In Dublin, the number registered is between 450 and 500; in London it is rather more than 1,000, which is smaller than that of last session. In the provinces there is also a falling off. In Edinburgh, the number of matriculants at the University this session is 1,288, being 56 more than at the previous session.

In Paris, the number of inscriptions for the session 1855-6 is 966, being two more than at the last session. The number of first inscriptions, this session, is 180, being 29 more than at the previous session.

*The Winter in England*.—The winter in England has been severe as well as in this country. It appears from the Registrar-General's report, that the mean temperature of the week, ending Dec. 22d, 1855, was 28.2 degrees, which is 10.8 degrees below the average of the same week in 35 years.

*ORITVARY RECORD*.—Died at Hordle Cliff, near Lymington, Hants, Dec. 16, aged 69, WILLIAM FREDERICK CHAMBERS, M.D., K.C.H., F.R.C.S., Lond., &c. &c. Formerly physician to the Queen.

Dec. 4, at his country-seat, near Blairgowrie, Sir GEORGE BALLENOALL, Regina Professor of Military Surgery in the University of Edinburgh, &c. &c., aged 75 years.